

FORMS GUIDE

For use with IDJC case management forms

Pre-Screen / JSC Summary

PURPOSE:

The common purpose of pre-commitment screenings is to thoroughly assess the needs and risks represented in the case and to maximize the availability and use of community resources to manage those circumstances. When those circumstances can no longer be managed safely in the community, commitment to IDJC or other orders for state services may become necessary.

The purpose of the JSC Summary is NOT to repeat all of the information provided in the reports provided by the committing county (Social Summary, Pre-Dispositional Report, YLS/CMI etc.) but to withdraw and present key elements from all of that material.

As you begin the JSC Summary, information gathered here can (directly or indirectly) help with completing the family engagement questionnaire.

RESPONSIBILITIES:

IDJC staff have responsibilities as outlined in case management policy.

Notes from pre-commitment screenings will be recorded on the Pre-Screen/JSC Summary form and stored electronically in the IDJC Data Center Juvenile Records folder.

The JSC Summary should begin to answer, with the family, what about the circumstances described contributes to or helps to minimize the behaviors that resulted in commitment.

INSTRUCTIONS: This form is used for two purposes that work together, pre-screen and JSC summary. The goal for the prescreen is to get as much information as possible however, sections 1 and 2 must be completed during the pre-screen. Any other additional information can be gathered and recorded on the form. If there is no information available please indicate with an N/A, do not leave any blanks. The reason for this is that the next IDJC staff reviewing this form knows if it is complete or not. There are multiple reasons for missing information, but the next IDJC staff will know that there was an attempt to gather this information. For the JSC Summary, the JSC takes the information gathered during a prescreening and continues to update and build on the information until the entire form is completed.

The signatures on the JSC summary becomes the **completion date**.

Open the form and choose “Pre-Screen” or “JSC Summary” from the check boxes, and save document.

If a Pre-Screen:

1. Generate the form in IJOS
 2. Select juvenile on case load tab
 3. On toolbar select tools/MSword/select form
 4. On toolbar select word icon
 5. Save in the IDJC Data Center in Juvenile Records/Pre Screen folder (do not save file on any other drive)
6. Select “Pre-Screen” in check box menu

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7. Complete sections 1 and 2
8. Save in the IDJC Data Center in Juvenile Records/Pre Screen folder
9. Any additional paperwork needs to be scanned and placed in the same location

If a JSC Summary:

1. Check to see if a “Pre-screen” form has been created for the committed juvenile
 - A. If yes, change check box to JSC Summary and save as JSC Summary in the juvenile folder on the IDJC Data Center
 - B. If no, generate the form in IJOS (as indicated above) and select “JSC Summary” from the check boxes
2. Complete all sections
3. Save in the IDJC Data Center in Juvenile Records/juvenile folder
4. Any additional paperwork needs to be scanned and placed in the same location

SECTION: 1

Juvenile / Court / Family Contact

Some of this information will be automatically populated by IJOS, other information will require you to complete. Family contact information can be gathered from relationships tab, and at a minimum must include biological mother/father, step parents (currently involved), or legal guardian. Any other important adult relationship should be documented here. Victim apology letter requests will be placed under special conditions.

SECTION: 2

Pre-Screen specific information- **complete questions 1 thru 12**

Check boxes are available for the type of pre-screen (R19, R20-511A, Other) Check all that apply.

Under pre-screening meeting recommendations, complete table and if additional recommendations are needed copy/paste the table to expand.

Attach a copy of the counties recommendation to the court for R19, R20-511A, if available.

SECTION: 3

Offense History- **complete questions 1 thru 9**

ISTARS reports are scanned and saved by HQ staff at time of commitment. When completing section 3 this resource can be helpful. If you cannot find an ISTARS report on a juvenile please contact HQ. They are available in the Juvenile Records Section of IDJC Data Center in individual juvenile folders. You will find it at the end of the commitment and decree paperwork which is saved as a PDF file.

Gathering information for this section is to guarantee accuracy of official records vs. other documents/sources.

SECTION: 4

Juvenile History of Services and Support- **complete questions 1 thru 13**

Education

In order to answer yes to “Special Education History” this must be verified thru school district documents.

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Specialized Needs

Specialized needs are identified as medical, mental health, substance abuse, sexual misconduct. Mark appropriate box. If yes, under please explain include descriptions of any chronic or serious conditions; medications, hospitalizations, previous diagnosis, duration or other items that impact functioning or that may impact a placement decision. List source and date of assessments (if applicable).

Sexual Abuse/Misconduct- Includes all types of documented assault, violence, intimidation, and harassment of a sexual nature.

Sexual offender specific placement is directed by policy [policy #438, "Placement of Juveniles with History of Sexual Misconduct"]. In order to make appropriate case management decisions it is important to include verifiable information. Complete this question as thorough as possible.

Developmental History

Needs to be related to the juveniles current case. This is not a complete developmental history but only those developmental items that impact the juveniles delinquency.

SECTION: 5

Family- **complete questions 1 thru 8**

This section is about the family and NOT the juvenile. Relocation refers to any family movement that may have impacted the family functioning and juvenile behavior.

SECTION: 6 - complete questions 1 thru 9

Source is who specifically filled out YLS/CMI.

Total level of risk refers to Part IV on the YLS/CMI. This is a culmination of the eight risk factors plus other needs and special considerations.

Criminogenic risk and needs:

****THE RISK FACTORS IDENTIFIED IN THE SCORING OF THE YLS/CMI BECOME THE TREATMENT GOALS FOR THE JUVENILE WHILE IN IDJC CUSTODY. IT IS CRITICAL THAT THE YLS/CMI SCORING IS UP TO DATE AND ACCURATE.****

The JSC will evaluate the YLS/CMI to determine if risk factors have changed or if YLS/CMI is more than 6 months old. If either is true, it will be rescored by the JSC and attached to the JSC summary.

Provide a summary of the risks and needs as assessed in the YLS/CMI.

Specifically identify those areas identified as STRENGTHS and those scoring as HIGH RISK.

Any other comments (that need included that are not captured elsewhere in the form may be added here)

Please address projected living arrangements post custody in this section

SECTION: 7 - complete all releases expectations. If sexual misconduct and special needs are N/A then state.

Release Expectations from Family and Community. JSC will document who was contacted to help create release expectations (example: JPO/ Aunt Sally etc).

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F o r u s e w i t h I D J C c a s e m a n a g e m e n t f o r m s

Release Expectations

Case management must be driven by the needs of the juvenile, family and community and must reflect the work necessary to meet release expectations established collaboratively with the family and community.

Release expectations are determined at the time of the JSC's Summary and the Service Plan is built to achieve those expectations. Release expectations drive the service plan.

Release expectations will use the YLS/CMI areas as a framework for helping families understand the behaviors and circumstances that contribute to reoffending behaviors. This will also help families and communities identify release expectations that will have the most impact on these behaviors and circumstances.

Release expectations must go beyond a simple statement of ideal results or of conditions of probation. Substantive and realistic release expectations result from dialog with the family and community. They come from input received from the family, probation officer, and other community partners. The information should reflect what the parents, families, and probation want the juvenile to look like when he/she returns home. They should state the behaviors that are expected from him/her when ready to release.

Key Concepts That Make Strong Release Expectations:

They are broad statements

They answer the question "what would the behavior look like if it was changed? "

They describe the behaviors and skills that will take place and/or be learned during the period of commitment.

Ensure that all nine risk areas remain on this form at all times, regardless if risk area is N/A.

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Family Strengths Based Assessment Family Engagement Questionnaire (FEQ)

PURPOSE:

The purpose of the Family Strengths Based Assessment section is to begin to answer, with the family, what about the circumstances described contributes to or helps to minimize the behaviors that resulted in commitment. Further family strengths can be identified that can be used to help the juvenile in treatment and to help prepare the family and juvenile returning home.

RESPONSIBILITIES:

Completed by the JSC and submitted not later than 30 days post commitment (It should not be repeated by the Clinician in the O&A clinical interview.) This form is submitted to the juveniles electronic file and either the O&A clinician or the provider (depending on juvenile location).

The FEQ information is to be gathered from the family (however that is defined) only. It is not to include JPO or other community members. It can of course include the juvenile as part of the family, however if their information is given, the family still needs to have their “version” included as well. If the rare occurrence of the family being unavailable during the specified time frame happens, then the FEQ will be needed as soon as possible when they become available and will still be deemed late so an explanation should be included.

- If family cannot be reached before the 30 day deadline, document in IJOS contact notes the days and times that you tried to make contact. Then as soon as this can be completed, make sure the OS2 is aware so she can send to the appropriate group leader.
- FEQ information should be gathered **only** from the family and the juvenile. Do not complete this document from any outside sources or collateral reports.
- FEQ should be discussed in the juvenile’s initial staffing **and** documented that this occurred in IJOS contact notes.

INSTRUCTIONS:

1. **Generate the form in IJOS**
 2. **Select juvenile on case load tab**
 3. **On toolbar select tools/MSword/select form**
 4. **On toolbar select word icon**
 5. **Save in the IDJC Data Center in Juvenile Records (do not save file on any other drive)**
 6. **Notify either the O&A clinician or the provider (depending on juvenile location) of completion of the FEQ.**
7. **Any additional paperwork needs to be scanned and placed in the same location**

SECTION: 1

Juvenile / Court / Family Contact

Some of this information will be automatically populated by IJOS, other information will require you to complete.

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SECTION: 2

JSC will make appointment to complete family assessment using the FEQ prompting guide found below.

The questions below are a suggested place to start. The JSC is encouraged to follow-up with appropriate questions as the dialogue proceeds.

Record information in appropriate section.

Your Family

- Where has your family lived?
- Where is your most favorite place that you have lived?
- How many people live or have lived in your home?
- Who are your closest supports (inside your family)?
- What organizations does your family belong to? (church, synagogue, community)
- Who are the important people in your life?
- Who can you rely on or go to for support outside your family?

When you family gets together, what are some things you talk about?

What are your Family Strengths and Activities?

- What are your family strengths?
- What are your family skills?
- What are your family likes/dislikes?
- What are your family activities/hobbies?

What are your family accomplishments and gifts?

What are your Family Dreams?

Parents:

- What are your dreams for your son/daughter?
- What are some of the things you've always wanted for your son/daughter?

What do you hope for your son/daughter educationally/vocationally?

Juvenile:

- What are your dreams for your family?
- What is your dream job?
- What is one thing that could make school better?

If you could have anything (if money was no object) what would you wish for?

How do You.....?

Solve conflict or resolve issues as a family?

Work together as a family?

Play or relax together as a family?

Remember the best event or vacation that you have taken together as a family?

Who or What Makes Things Better?

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What is working well in your family?
 What/who makes a positive difference in your family?
 How can you develop strengths to make your family more united and stronger?

Family Goals

What goals do you have for your family one year from now?
 (Write 2-3 do-able goals your family can work on while your child is in IDJC.)

- Share your vision (hopes) for your family in five years.\
- YLS/CMI areas may be used to generate discussion

Prior and Current Offenses/ Disposition	Peer Relations	Personality/Behavior
Family Circumstances/Parenting	Substance Abuse	Attitudes/Orientation
Education/Employment	Leisure/Recreation	-----

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Regional Observation and Assessment Evaluation

PURPOSE:

The Observation and Assessment process must consolidate relevant information about the community, family and individual circumstances of each juvenile committed to the department. This information is gathered for the purpose of defining strengths and areas of need for those individuals and systems that have some impact on the delinquent behavior either in minimizing that behavior, managing that behavior or contributing to or allowing it. Information provided from the county including the results of any recent assessments is critical to this process.

The O&A should build on the information gathered by the JSC in the JSC Summary or that will be gathered in the Family Engagement Questionnaire (that will be completed by the JSC). Clinician should not repeat this information or re-gather information from the family.

The O&A Report must include a review of the release expectations provided in the JSC Summary and should help to refine those expectations based upon the O&A results. The purpose here is to refine and prioritize those expectations given the strengths and risks identified by the O&A process, not to substantially change or dismiss family and community expectations.

RESPONSIBILITIES:

The O&A report should be completed within 15 days of each juvenile's admission into a unit where the O&A process can be initiated. The process for developing the O&A report culminates with a formal case staffing (at the end of the 15days) wherein all of the stakeholders have the opportunity to hear the diagnostic and classification results, share relevant information and participate in designing treatment goals for the residential placement that will follow in most cases.

The O&A staffing and report should also specifically address areas of strength or protective factors in the family and/or juvenile that are present to mitigate the likelihood of continued criminal behavior; address areas of strength, skills or services that may be necessary within the family in order to best accommodate the juvenile's eventual return. Specific plans for transition and aftercare are initially identified, these are not the probation terms.

The O&A staffing should focus on those factors that are identified as criminogenic needs, meaning that they are factors established in research to reduce recidivism if intervened with effectively during the period of juvenile justice involvement.

- If the Clinical Supervisor approves any tests for the O&A, other than those required, make sure there is documentation of this in IJOS contact notes.
- Initial reintegration plan should be reviewed and discussed at the classification staffing **and** documented that this occurred in IJOS contact notes

The signatures on the O&A report becomes the **completion date**.

INSTRUCTIONS:

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1. Generate the form in IJOS
 2. Select juvenile on case load tab
 3. On toolbar select tools/MSword/select form
 4. On toolbar select word icon
 5. Save in the IDJC Data Center in Juvenile Records (do not save file on any other drive)
6. Any additional paperwork needs to be scanned and placed in the same location

SECTION: 1

Juvenile / Court Information

Some of this information will be automatically populated by IJOS, other information will require you to complete. Victim apology letter requests will be placed under special conditions.

SECTION: 2

Juvenile and Family

Refer to the JSC Summary in IDJC Data Center in Juvenile Records
Do not add anything to this statement

SECTION: 3

Clinical Interviews

All of the information presented must ultimately help the treatment team design intervention and placement strategies that will contribute to the release expectations defined in the JSC Summary.

Results of the mental status exam completed by the clinician should be reported in this section. See appendix C for mental health status “tip sheet”.

Complete questions 1-7 based upon sit down interview with the juvenile.

SECTION: 4

Diagnostic Assessments and Summary

At a minimum the following assessment tools must be applied and the results reported in this section of the O&A Report: Jesness Inventory; MAYSI, Educational Assessment (as determined by Education Team) or other appropriate educational assessments; eCIS skills assessment (eCIS results should not just be copied and pasted but needs to have a sentence or two that summarize the interests).

Juveniles who score risk in the YLS/CMI in substance abuse risk factors must receive a GAIN Q or I (if a current GAIN Q or I is available from the county that result may be used and reported along with the date and source; if no GAIN result is provided by the county a GAIN Q should be administered in O&A; if the result of a GAIN SS provided by the county recommends that a GAIN I be completed, that full administration of the GAIN should take place in O&A);

Other personality assessments such as the MMPI, Sex Offender assessment tools such as the ERASOR, JSOAP-II, and mental health assessment tools such as CAFAS, BDI or others may be administered by

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the O&A clinician as justified and reported by other diagnostic findings or case circumstances, but must be approved by the clinical supervisor.

ICLA

Initial Custody Level Scored is the total as scored

Initial Custody Level Recommended/Approved may or may not be the same as scored level. If scored level is different than recommended/approved, make sure this is justified in IJOS and in O&A.

Diagnostic Impressions

Use DSM-IV TR multiaxial assessment to guide write-up for DI. Include code numbers and diagnosis.

Assessment Summary

The purpose of this section of the O&A report is to consolidate or provide an overall summary of all of the relevant information about the community, family and individual circumstances of each juvenile committed to the department and to present that information in a concise and focused way leading to the development of the O&A service plan.

Information presented in this summary must define strengths as well as areas of need in those individuals and systems that have some impact on the delinquent behavior resulting in commitment.

The most critical information from the juvenile and family history, from the clinical interviews and from the diagnostic assessments should be described here in terms of how those circumstances help to minimize or manage that offending behavior or how those circumstances contribute to or allow that behavior to continue.

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O&A (Service Plan)

PURPOSE:

This section of the O&A Report should begin with a review of the Release Expectations provided in the JSC Summary and should help to refine those expectations based upon the O&A results. The purpose here is to refine and prioritize those expectations given the strengths and risks identified by the O&A process, not to substantially change or dismiss family and community expectations. Ultimately this area should comprise a significant portion of the O&A Staffing that is conducted prior to a placement decision being made.

Elements of the Service Plan are to be addressed as goals. The residential care provider selected will develop treatment objectives and strategies for each prioritized treatment goal into a Service Implementation Plan (SIP).

SECTION: 1

Treatment Goals/Criminogenic Needs/Release Expectations

Release expectations: Cut and paste from JSC Summary. Add and/or change release expectation as appropriate.

Treatment goals: What the juvenile needs to accomplish while in IDJC custody. Treatment goals take the release expectation and further refine it into a goal. Treatment goals need to be written as general statements, they cannot direct a treatment provider to a certain kind of treatment or modality but be broad enough for any provider to integrate into their program.

When developing Service Plan, rank order the criminogenic needs in order of strengths, immediate and ongoing. Rank is based upon two things: priority of need and the heights of the risk levels. If there is no criminogenic needs identified as strengths (as an example, eliminate the header “strengths”. Ensure all 9 criminogenic needs areas are addressed, if N/A simply state.

Education goal should always include language similar to: Juvenile will have academic achievement level determined during placement and a student learning plan for education will be developed by education staff. Juvenile will be assessed for any special education or eligibility for any kind of special education services or assistance. If the juvenile qualifies this will be included in the juveniles student learning plan. Other goals that address risk in education should be listed here.

The Service Plan developed by the O&A clinician must be directly linked to the established release expectations and must address areas of criminogenic needs as identified by the YLS/CMI. Specialized needs identified during the O&A process that may fall outside of criminogenic needs but that require attention because of their severity or impact on the juvenile’s functioning may also be included in the O&A Service Plan.

SECTION: 2

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Initial Reintegration Plan

The Service Plan should also begin to define the expected services and supports that will be necessary for the juvenile and family as the juvenile transitions back to the community in the Initial Reintegration Plan portion of the O&A Service Plan.

At this point plans may not be firm. The intent is to identify aftercare needs, and possible options to meet those needs. There may be multiple options, these options should all be listed, but the plan must be as detailed as possible. Refer to IDAPA “**276 Planning For Reintegration**” for complete list of rules that we must follow on reintegration and IDJC policy #401.00.

Two areas will not be completed until after the staffing. The ICLA approved level and the initial reintegration plan.

SIGNATURES:

This form is signed by the Clinical Supervisor who oversees the O&A unit, and the Clinical Supervisor who oversees the JSC. For example, if a Region 1 juvenile is assessed at the Region 2 facility both the Clinical Supervisor must sign the form.

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Service Implementation Plan

PURPOSE:

The SIP links the broad treatment priorities and goals established in the O&A Service Plan to the specific program elements and treatment strategies available at the residential program. The SIP should clearly describe the tools and strategies that the program will implement with the individual juvenile and family to achieve the treatment goals. Service Plan goals addressed in the SIP may only be expanded or adjusted with the approval of the full treatment team.

It is important throughout the development and implementation of the SIP to keep the goals related to Education, Family and Reintegration as current and relevant as those goals related to specific services for the juvenile. Implementation of the terms of the SIP must remain a collaborative process among treatment providers and case managers in all cases.

RESPONSIBILITIES:

The Service Implementation Plan (SIP) is completed within 30 days of the date of placement within a juvenile treatment program. The SIP is developed by members of the treatment team at the treating facility and is shared and discussed with the full treatment team. The Group Leader/Primary Case Manager is responsible in completing this form. As part of the information used in creation of the SIP, the FEQ will be used.

The signatures on the SIP becomes the **completion date**.

IMPORTANT: Include the Family Engagement Questionnaire outcomes and incorporate the results when developing treatment strategies.

INSTRUCTIONS:

1. **Generate the form in IJOS**
 2. **Select juvenile on case load tab**
 3. **On toolbar select tools/MSword/select form**
 4. **On toolbar select word icon**
 5. **Save in the IDJC Data Center in Juvenile Records/(do not save file on any other drive)**
6. **Any additional paperwork needs to be scanned and placed in the same location**

SECTION:

Header

Some of this information will be automatically populated by IJOS, other information will require you to complete.

SECTION: 1

Juvenile / Court Information

Some of this information will be automatically populated by IJOS, other information will require you to complete. Victim apology letter requests will be placed under special conditions.

SECTION: 2

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Treatment Goals/Criminogenic Needs/Release Expectations

Indicate YLS/CMI risk level from the YLS/CMI located on the IDJC Data Center in Juvenile Records

Release expectations: Cut and paste from O&A.

Treatment goals: Will come from O&A Service Plan and are what the juvenile needs to accomplish.

Treatment strategies: Tools and strategies that the program will implement with the juvenile and family to achieve treatment goals. These are components specific to program/placement and may involve program/placement language as appropriate. Strategies need to be linked to goals. Treatment strategies should have some measureable outcome.

Refer to the YLS/CMI guide on changing identified needs to YLS/CMI structure and format.

When developing Service Implementation Plan, rank order the criminogenic needs in order of strengths, immediate and ongoing. If there is no criminogenic needs identified as strengths (as an example, eliminate the header “strengths”. Ensure all 9 criminogenic needs areas are addressed, if N/A simply state.

SECTION: 3

Reintegration Plan

The Service Implementation Plan should define the expected services and supports that will be necessary for the juvenile and family as the juvenile transitions back to the community in the Reintegration Plan portion.

At this point plans may not be firm. The intent is to identify aftercare needs, and possible options to meet those needs. There may be multiple options, these options should all be listed, but the plan must be as detailed as possible. Refer to IDAPA “**276 Planning For Reintegration**” for complete list of rules that we must follow on reintegration and IDJC policy #401.00.

Process should be to continually solidify the plan and document changes to reintegration plans.

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Standard/Transfer/Release Progress Report

PURPOSE:

Each progress report must document in a clear and concise way the progress being made toward achieving the release expectations identified by the family and community and on the specific terms of the service implementation plan (SIP). Each progress report must also provide an estimate of the length of stay remaining. The status of progress must be clearly communicated to all of the stakeholders, including the court, community providers and potential providers, the family and to the juvenile.

The Transfer/Release Progress Report that includes the Reintegration Plan must provide all of the members of the treatment team, including the juvenile and family, with a concise summary and overview of gains and strengths. Indicate also the remaining challenges with respect to the issues that resulted in commitment and plan for continued treatment/services. The Transfer/Release Progress Report must address each SIP goal specifically and each Release Expectation.

RESPONSIBILITIES:

Progress reporting includes the documentation of Monthly Progress Notes in IJOS (when possible) and formal written Progress Reports compiled every two months.

The timing and content of the formal written Progress Report should coincide with the staffing conference calls and with the scoring of the Progress Assessment and Reclassification (PA/R) document. Each formal written Progress Report constitutes a formal review and update of the SIP and provides an opportunity to reclassify the juvenile's risk/custody level based upon the progress shown.

The Transfer/Release Progress Report that includes the Reintegration Plan are due no longer than two weeks before the actual date of release or transfer.

The Group Leader/Primary Case Manager will document any updates in the reintegration plan.

The reintegration plan implementation is the responsibility of the JSC. Detailed information about all of the areas outlined must be included in the progress report.

The Release Progress Report that includes the Reintegration Plan MUST be a collaborative effort between the JSC and Group Leader. This document should be completed and submitted to all stakeholders prior to the actual release date and not more than two weeks prior to that date. A final staffing conference call (Reintegration Staffing) will be conducted to support the development of this report and plan.

Only limited general medical information will be included in the progress letters. Specific medical information is on a "need to know" basis. Examples of a general medical bullets are below

NO INFORMATION REGARDING MEDICATION ORDERS/CHANGES ETC. WILL BE INCLUDED.

Example: "Juvenile seen by a psychiatric nurse practitioner this month." or "Juvenile seen by

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contract physician”

INSTRUCTIONS:

This form serves three purposes. It is used for progress reporting, progress report-transfer, and progress report-release.

1. Generate the form in IJOS
 2. Select juvenile on case load tab
 3. On toolbar select tools/MSword/select form
 4. On toolbar select word icon
 5. Save in the IDJC Data Center in Juvenile Records (do not save file on any other drive)
6. Any additional paperwork needs to be scanned and placed in the same location

SECTION:

Header

Some of this information will be automatically populated by IJOS, other information will require you to complete.

Mark the appropriate box for the type of progress letter that is being written. Transfer refers to someone leaving a facility but staying in IDJC custody, release is release from IDJC custody.

SECTION: 1

Juvenile / Court Information

Some of this information will be automatically populated by IJOS, other information will require you to complete. Victim apology letter requests will be placed under special conditions.

SECTION: 2

Summaries

This opening section of the progress report should provide a brief general overview of information describing the juvenile’s progress in the treatment program and reintegration. Progress on each specific treatment goal will be described in later sections of the report.

This opening summary should provide an overall assessment of the juvenile’s adjustment within the program and his/her level of participation in that program. Strengths and areas where positive gain has been made should be included as well as areas where challenges remain. This summary should also briefly reference education progress, medical or mental health issues, major incidents as well as statements about the level of family involvement. The overall statement of progress provided in this section should justify the anticipated length of stay recorded in the previous section of the progress report.

SECTION: 3

Treatment Goals/Criminogenic Needs/Release Expectations

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Release expectations: Cut and paste from SIP or progress report.

Treatment goals: Cut and paste from SIP or progress report.

Treatment strategies: are not repeated in any of the progress reports.

Progress to date: as opposed to the general summary this is a more detailed account of the juvenile specific accomplishments to meet the goals and expectations and any areas that they still need to work on.

When developing progress report, rank order the criminogenic needs in order of strengths, immediate and ongoing. If there is no criminogenic needs identified as strengths (as an example, eliminate the header “strengths”. Ensure all 9 criminogenic needs areas are addressed, if N/A simply state. Rank order may change as juvenile progresses and (as an example) change treatment goals to strengths. Group Leader/Primary case manager have the ability to change order as juvenile progress dictates.

SECTION: 4

Reintegration Plan Detail

The progress report should define the expected services and supports that will be necessary for the juvenile and family as the juvenile transitions back to the community in the Reintegration Plan portion.

Reintegration plan should be reviewed every staffing. The plan needs to become more specific and concrete. During the monthly staffings, as the juvenile progresses more specific tasks will be assigned and documented as who, when, and what. As tasks are assigned, document activities when they are developed as outlined in each reintegration plan area.

Tasks Assigned should be identified as soon as possible- this should be specific tasks, not general statements (i.e. participate in staffings). If there is not a task currently assigned indicate “no task currently assigned.”

Tasks completed to date is an ongoing account of all the tasks throughout placement. This list should continue to grow as different reintegration tasks are completed.

Anticipated follow up needs in the community are items that will not be accomplished while in custody, but that need to be accomplished once the juvenile is released.

Refer to IDAPA “**276 Planning For Reintegration**” for complete list of rules that we must follow on reintegration and IDJC policy #401.00.

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Appendix A

YLS/CMI SCORING KEY

Prior and Current Offenses

3 or more prior convictions/adjudications: Check this item if youth has had 3 or more convictions/adjudications prior to the convictions/adjudications that are currently being dealt with. Score convictions/adjudications that occurred at *three different points in time* no matter how many charges are adjudicated at each time. (If several offenses occurred at the same time, create a record of them, but count the offenses as just one set because this item is concerned with crime spree.) Do not count probation/parole violations in this item. Do not count diversion and/or continuance for dismissal. Do not count petty traffic offenses.

2 or more prior failures to comply: These include failures to appear, probation/parole violations, escape from custody, failure to comply with alternative measures, unlawfully at large; this applies only to actual convictions/adjudications. Mark this item if charges were filed or probation/parole was suspended under community supervision.

Prior probation: Check if the youth has ever been on probation or unsupervised probation. Do not count supervision for status offense unless the youth has been adjudicated delinquent as a result of three or more prior status offenses—this can be three offenses on one occasion. Do not include probation for minor traffic offenses. Do not mark this item for current offenses for which the youth is on probation, but include prior probation cases that have been closed.

Prior custody: Check if the youth has ever been sentenced to an open or secure facility by a judge or magistrate **post-disposition only (custody for convictions/adjudications only)**. This should not be checked if the youth has only been held pre-trial. Count placements that result from a delinquency petition but not those made for the youth's welfare.

3 or more current convictions/adjudications: Check this item if the youth has received three or more convictions/adjudications for the current disposition. Do not count pending or dropped charges. Circle this item if you do not know the number of offenses for which the juvenile will be supervised. If several offenses occurred at the same time, create a record of them, but count the offenses as just one set because this item is concerned with crime sprees (i.e. sets of convictions/adjudications occurring at different points in time).

For the following sections, assess these items with reference to the youth's most recent past. Most often questions should be assessed on the last 6 to 12 month time period.

Family Circumstances and Parenting

Inadequate supervision: Check this item if parents leave the youth unattended, are not aware of

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the activities of the youth, do not have supervisory controls in place (i.e. calling and checking in, neighbor checking in, etc.) or, in your judgment, otherwise exercise inadequate supervision of the youth. Check this item if the youth is absent for long periods of time that the parent does not know about. A household with working parents does not automatically warrant checking of the item. Check this item if the youth is living independently, without supervision.

Difficulty in controlling behavior: Check this item if the parents have problems in exercising control over the youth's behavior (the youth disobeys parental instructions and is out of control). Also mark this item if the youth is living independently and his or her behavior is not controlled.

Inappropriate discipline: Check this item if there is an excessive use of corporal punishment, frequent use of yelling or threats as the discipline, overly strict rules or otherwise poor disciplinary practices on the part of the parents. A lack of discipline can also warrant checking of this item.

Inconsistent parenting: Check this item if the parents are inconsistent in the application of rules or in the use of punishment. This can include internal inconsistency with one parent or inconsistency between two parents. Also mark this item if the parents cannot articulate clear rules regarding homework, curfews, or friends.

Poor relationship father/child: Check this item if there is a particularly hostile, alienated, or uncaring relationship between the father and the youth (though not necessarily an abusive relationship). If the father (or father figure) is deceased, mark this item if there continues to be a poor relationship with the remaining father figure. This item should be assessed on the father or primary father figure in the juvenile's life. In cases where there is a natural father and a stepfather, based your evaluation on the most prominent relationship over the past year. Mark this item if the client rarely sees or writes to his/her father, argues with him when they are together, if the relationship ranges from dislike to hatred, or the client does not care what his/her father thinks, feels, or expects.

Poor relationship mother/child: Check this item if there is a particularly hostile, alienated, or uncaring relationship between the mother and the youth (though not necessarily an abusive relationship). If the mother (or mother figure) is deceased, mark this item if there continues to be a poor relationship with the remaining mother figure. This item should be assessed on the mother or primary mother figure in the juvenile's life. In cases where there is a natural mother and a stepmother, based your evaluation on the most prominent relationship over the past year. Mark this item if the client rarely sees or writes to his/her mother, argues with her when they are together, if the relationship ranges from dislike to hatred, or the client does not care what his/her mother thinks, feels, or expects.

Education/Employment

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Disruptive classroom behavior: Check this item if the youth is engaged in acting-out, attention seeking, defiant, or other disruptive behavior *within the school building* or if teachers and other school staff consider him/her to be a problem in the classroom. Look for overall patterns in behavior.

Disruptive behavior on school property: Check this item if the youth is initiating violent actions, is defiant towards teachers, or is otherwise *disruptive outside the school building*. This includes school sponsored functions (athletic events, etc.) as well as the bus stop. Look for overall patterns in behavior.

Low achievement: Check this item if the youth is currently failing a subject or there are other indications of achievement problems. Do not automatically check this item if the youth is in special education classes or is having problems in regular classes as a result of being misplaced (needing special ed). If the youth is performing at his or her expected level, but is getting low grades, this item should not be marked.

Problems with peers: Check this item if there is evidence that the youth is disliked, isolated, withdrawn, having frequent altercations or there is other evidence of poor relations with peers in the school setting.

Problems with teachers: Check this item if there is evidence that the youth has continuing problems with teachers in school. Look for patterns in behavior.

Truancy: Check this item if the youth is currently missing school days or skipping classes without legitimate excuses. If the youth has to work as part of a school program (e.g. OWE) and is missing work, check this item.

Unemployed/not seeking employment: Mark this item if, without good reason, the youth is available to work but has no job and is not actively engaged in employment related activities (e.g. is not a full time student and is not actively seeking work, engaged in employment training, or work schemes).

Peer Relations

Some delinquent acquaintances: Check this item if some of the youth's acquaintances/casual friends are known offenders or are known to the youth to engage in delinquent behavior. Siblings and other family member can also be considered. Mark this item if the youth has co-defendants or has been placed in a residential facility or institution. If the youth is convicted of a drug offense, he or she must know other illegal drug users or suppliers to get drugs (a youth will have to be using drugs for the last year to apply this guideline), so the item should be checked.

Some delinquent friends: Check this item if some of the youth's close friends are known offenders or are known to the youth to engage in delinquent behavior. "Some" can be

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one friend depending on the nature of the relationship (i.e. if the youth is spending excessive amounts of time with that person and/or that person exerts significance over the youth's behavior). Siblings and other family members can also be considered. **This is a default item. If this item is marked, then item 4A must also be marked.**

No or few positive acquaintances: Check this item if the youth has no or very few acquaintances/casual friends who represent positive role models (e.g. a person who is doing well in school and is not associated with crime or alcohol/drug abuse). To be considered a positive role model, the individual has not been involved in criminal activity for one year or longer. Also, acquaintances that have never been in trouble need to be an active part of the offender's life in order to count against this item. If all or most of the youth's acquaintances/casual friends are offenders, check this item.

No or few positive friends: Check this item if none or very few of the youth's close friends are positive role models (e.g. a person who is doing well in school and is not associated with crime or alcohol/drug abuse). To be considered a positive role model, the individual has not been involved in criminal activity for one year or longer. Also, friends that have never been in trouble need to be an active part of the offender's life in order to count against this item. Do not mark this item if the offender spends significant time with positive friends, respects their opinions and does not engage in antisocial behavior when with them.

Substance Abuse

Occasional drug use: Check this item if there is evidence that the youth is an occasional user of one or more illicit drugs. Check this item if the youth's drug use is not currently a problem (i.e. the youth is a controlled and infrequent user). This includes improper use of prescription drugs. Do not mark this item if the youth has not used drugs for more than one year. Experimental use **does not** count as occasional drug use. Do not count use of alcohol or tobacco.

Chronic drug use: Check this item if there is evidence that the youth is a consistent user of one or more illicit drugs. This includes improper use of prescription drugs. Check this item if the youth has been using drugs twice a week or more over the last year and/or has a drug related problem in at least one major life area (drug-related arrests, employment or education problems, or problems with family regarding use). This is a **DEFAULT ITEM**. **If you check this item you must also check item 5A.**

Chronic alcohol use: Check this item if there is evidence that the youth is a consistent user of alcoholic beverages. Check this item if the youth has been using alcohol more than three times a week and has problems in more than one major life area (e.g., passing out, drink-related arrests, employment or education problems, or family or social problems).

Substance abuse interferes with life: Check this item if the youth's drug and/or alcohol use affects the youth's physical or social functioning. This includes the missing of school or

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work, family problems as a result of substance use and other interferences with life as a result of drug/alcohol use.

Substance use linked to offense(s): Check this item if there is reason to believe the youth's criminal activity is related to drug or alcohol *USE*. This should be checked if the youth was under the influence at the time or the offense or was using the offense to obtain drugs or alcohol. If the youth is only in trouble for trafficking and the offense is not related to the use of substances (i.e. trafficking), this item should not be checked.

Leisure/Recreation

Limited organized activities: Check this item if there is no evidence that the youth participates in sports, clubs, or other types of organized *positive* activities.

Could make better use of time: Check this item if the youth spends excessive time in passive (e.g. television viewing) or unconstructive activities (e.g. video games), or seem to spend little time in constructive activities.

No personal interests: Check this item if the youth appears to have no personal interests of a prosocial nature (e.g. sports, reading, hobbies, etc.). Leave this item unmarked if the youth participates in his/her interests.

Personality/Behavior

Inflated self-image: Check this item if the youth thinks he/she is superior to others, brags constantly, or his/her feeling of self-worth seems to exceed accomplishments.

Physically aggressive: Check this item if the youth initiates acts of physical aggression against others, starts fights, or has engaged in violent actions. Check this item if the youth believes physical aggression is an appropriate way of expressing oneself and dealing with others. Check if this is a pattern of behavior for the youth.

Tantrums: Check this item if the youth displays acts of temper, angers easily (has a "bad temper" or "short fuse"), or loses control when angry. This item should be checked if the youth has a negative temperament.

Short attention span: Check this item if the youth has difficulty attending to the task at hand, has difficulty completing tasks, or is hyperactive. If the youth is being medicated for Attention Deficit Hyperactivity Disorder and is currently taking medication for that condition, assess on the youth's attention span *when medicated*.

Poor frustration tolerance: Check this item if the youth deals poorly with frustration, loses patience easily, or tends to act impulsively. This item should be checked if the youth displays poor coping mechanisms when faced with frustration or challenges, such as shutting down, throwing things, fleeing the situation,

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etc.

Inadequate guilt feelings: Check this item if the youth feels no remorse when his or her behavior has caused harm to another, does not accept responsibility for his or her actions, or offers excuses.

Verbally aggressive: Check this item if the youth is often verbally abusive in dealing with others or uses language in a hostile way. Check if this is a pattern of behavior for the youth.

Attitudes/Orientation

Antisocial/procriminal attitudes: Check this item if the youth's attitudes are supportive of a criminal or anti-conventional lifestyle. Consider attitudes, values, beliefs and rationalizations concerning the crime, the victim, etc. Also look for thinking errors like rationalization, minimalization, blaming the victim, etc.

Not seeking help: Check this item if the youth is not seeking help, is reluctant to seek or accept needed help, or does not recognize the need for help.

Actively rejecting help: Check this item if the youth is actively resisting the interventions of helping persons or agencies.

Defies authority: Check this item if the youth refuses to follow directions from parents, teachers or other authority figures. The presence of law violations alone does not warrant an automatic check. Check if this is a pattern of behavior with multiple persons in positions of authority.

Callous; little concern for others: Check this item if the youth shows little concern for the feelings or welfare of others. Check this item if the youth behaves rather like a psychopath.

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Appendix B

Key Criminogenic Needs

(below each criminogenic need is an example of conversion language for those programs that may use priority problems)

(1) Family Circumstances and Parenting: These are characteristics related to the individual juvenile's relationship or status with parents or other family and the juvenile's status as a parent. These characteristics may be evidenced by the juvenile's experience with receiving or providing inadequate supervision; with the juvenile's ability to control behavior in the family setting; by the juvenile's experience with receiving or practicing inappropriate discipline; by the juvenile's receiving or providing inconsistent parenting; by the juvenile's poor relationship with either parent, or both and with siblings, other care givers or offspring. Other characteristics may include: low levels of affection, caring, and cohesiveness; and outright neglect and abuse.

(Priority Problems that may be associated with these characteristics might include: Alcohol/Drug Problem – misuses (or family misuses) substances that could cause harm to self or others; Stealing – takes things that belong to others; Aggravates Others – treats people in negative, hostile ways; Authority – does not want to be managed by anyone; Easily Angered – is often irritated or easily provoked.)

(2) Education and Vocations: These are characteristics related to the individual juvenile's ability, performance and status with school, work or with respect to gaining pre-vocational or vocational skills and experience. These characteristics may be evidenced by the juvenile's disruptive behavior in the classroom or on the school grounds; by low achievement in the academic setting; by an inadequate/inappropriate education/vocations plan; by problems with teachers; by problems with other students; by truancy from school or other educational setting; by a lack of pre-vocational or vocational skills or a job, without effort to remedy this situation.

(Priority Problems that may be associated with these characteristics might include: Alcohol/Drug Problem – misuses substances that could cause harm to self or others; Stealing – takes things that belong to others; Aggravates Others – treats people in negative, hostile ways; Authority – does not want to be managed by anyone; Easily Angered – is often irritated or easily provoked; Fronting – puts on an act rather than be real.)

(3) Peer Relations: These are characteristics of the individual juvenile that promote antisocial behaviors by way of frequent association with other juveniles who share delinquent values and beliefs and who engage in criminal behavior. These characteristics may also be evidenced by the absence of association with pro-social peers and a lack of involvement with groups of people in the community that promote pro-social values and activities. Both frequency and intensity or quality of the associations are considerations in this area.

(Priority Problems that may be associated with these characteristics might include: Misleads Others – draws others into negative behavior; Easily Misled – is drawn into negative behavior by others.)

(4) Substance Abuse: These are characteristics of the individual juvenile's misuse of substances, particularly as these contribute to antisocial behaviors. These characteristics may be evidenced by the juvenile's occasional to chronic drug use; by the juvenile's chronic alcohol use; by the misuse of substances interfering with regular life functions; and by substance abuse being directly linked to criminal offenses.

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(Priority Problems that may be associated with these characteristics might include: Alcohol/Drug Problem – misuses substances that could cause harm to self or others.)

(5) Leisure & Recreation: These are characteristics of the individual juvenile's misuse of free time, particularly as this contributes to delinquent behavior. These characteristics may be evidenced by the juvenile's drug use; by the juvenile's association with delinquent peers; by the juvenile's involvement in unusually high-risk activities merely for the thrill effect; by limited participation in organized activities; by an inability to identify areas of interest or skill; and by a lack of healthy experience in recreation.

(Priority Problems that may be associated with these characteristics might include: Alcohol/Drug Problem – misuses substances that could cause harm to self or others; Stealing – takes things that belong to others; Mis-leads Others - draws others into negative behavior.)

(6) Personality & Behavior: These are temperament and personality characteristics of the individual juvenile which are conducive to delinquency. These characteristics may be evidenced by: Inflated Self-Esteem; Physical Aggression; Tantrums; Short Attention Span; Poor Frustration Tolerance; Inadequate Guilt Feelings; Verbal Aggression; and Impulsivity. Psychopathology, weak socialization, impulsivity, restless/aggressive energy, weak problem-solving / self-regulation skills, egocentrism and excessive risk taking may also be characteristic of this criminogenic need area.

(Priority Problems that may be associated with these characteristics might include: Aggravates Others – treats people in negative, hostile ways; Easily Angered – often irritated, easily provoked, tantrums; Stealing – takes things that belong to others; Lying – cannot be trusted to tell the truth.)

(7) Attitudes, Values and Delinquent Orientation: These are attitude, values and belief characteristics of the individual juvenile which support antisocial behaviors. These characteristics may be evidenced by: Expressed or behaviorally demonstrated antisocial or pro-criminal attitudes; not seeking or actively rejecting help; defying authority; demonstrating callous behavior reflecting little concern for others.

(Priority Problems that may be associated with these characteristics might include: Authority – does not want to be managed by anyone; Fronting – puts on an act rather than being real.)

(8) Sexual Misconduct: Includes all types of documented assault, violence, intimidation, and harassment of a sexual nature.

(9) Specialized Needs: Includes any chronic or serious conditions; medications, hospitalizations or other items that impact functioning or that may impact a placement decision. List source and date of assessments (if applicable).

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Appendix C

Mental Status Tip Sheet

Appearance

Well groomed
Unkempt
Unusual
Bizarre

Mood

Normal
Depressed
Anxious
Euphoric
Euthymic
Dysphoric
Angry
Irritable

Affect

Appropriate
Labile
Expansive
Constricted
Flat
Blunted

Speech

Normal
Slow
Too detailed
Pressured
Incoherent
Slurred
Perseverating
Hesitant

Motor Activity

Relaxed and calm
Restless
Agitated
Tense
Tremors
Tics

Orientation

Fully oriented
Person, place, time only
disoriented
Combination of two
Completely disoriented

Simple Calculation

Accurate
Mostly accurate
Mostly inaccurate
Totally inaccurate
Not measured
Not assessed

Serial Sevens

Accurate
Mostly accurate
Mostly inaccurate
Totally inaccurate
Not measured
Not assessed

Immediate Memory

Intact
Partially, moderately or
severely impaired

Remote Memory

Same as Immediate

Proverb Interpretation

Accurate
Mostly accurate
Concrete
Idiosyncratic
Not understood

Similarities/Differences

Accurate
Mostly accurate
Mostly inaccurate
Totally inaccurate

Judgment

Intact
Impulsive
Immature
Minimally, moderately or
severely impaired
Intact and/or age
appropriate

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Insight

Intact
Limited
Very limited
None

Intelligence

High
High average
Average
Low
Low average
Borderline retarded
Retarded

Thought Processes

Logical and organized
Illogical
Loose association
Tangential
Disorganized
Flight of ideas
Blocking
Obsessive

Delusion

None evident
Persecutory
Actions controlled
Thoughts controlled
Grandiosity
Bizarre
Somatic
Infidelity

Hallucinations

None evident
Auditory
Visual
Olfactory

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Appendix D

Key Concepts That Make **Strong Release Expectations**:

- They are broad statements
- They answer the question “what would the behavior look like if it was changed? “
- They describe the behaviors and skills that will take place and/or be learned during the period of commitment.

Key Concepts That Make **Strong Treatment Goals**:

- Do not tie any particular treatment provider into accomplishing a goal with a certain kind of treatment or model
- Incorporate information from the JSC Summary and the O&A report.
- Whenever possible, draws a connection between behaviors in the community and opportunities to practice new behaviors while in program
- Explain or describe the specific problem or behavior of the juvenile:
 - Does not just label the behavior (example: does not just list PTSD, but lists relevant PTSD behaviors)
 - Does not just identify YLS/CMI categories or other generic problem areas (example: does not just say juvenile will work on family problems but what those specific problems are)
- List treatment goals the juvenile (and not the family) will accomplish in treatment

Key Concepts That Make **Strong Treatment Strategies**:

- Describe how the goals will be met for each YLS/CMI category by the facility/program
- Are measurable whenever possible
- Incorporate information from the Family Engagement Questionnaire whenever possible

Other Key Concepts That Make for **Strong Case Management**:

- Release Expectations are connected to Treatment Goals
- Treatment Goals are connected to Treatment Strategies
- Release Expectations and Treatment Goals are not so specific that they unnecessarily narrow placement options
- Release Expectations, Treatment Goals, and Treatment Strategies are written in language that most juveniles can understand
- Understands the concepts of YLS/CMI; especially how they are defined/ identified and what the different areas are measuring

Key Concepts That Make for **Strong Reintegration Plan**

- Answers the questions of what the juvenile will do after release from custody
- Also identifies items that the family needs to work on or accomplish during the juveniles stay are recorded
- As complete as possible every time it is reviewed
- Contains as many options as needed if there are multiple options being discussed

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Appendix E

Medical Information and Case Management

1. Specific medical information being put in progress letters and IJOS case notes is not appropriate according to HIPAA.
2. Medical information (within progress reports and IJOS case notes) needs to be general and no mention of specific medications a juvenile may be taking.
3. If more specific information is needed, the case manager can contact Medical directly. Medical information gathered by the case manager is to be kept separate from other case file information. This could be as simple as a different section of a folder/binder etc.
4. Medical information should only be discussed/given to those who are on a “need to know” basis. When there is a staffing and medical information needs to be discussed, the group leaders, parents, JPO’s, JSC’s, and juvenile are all “need to know”. In addition, all others who know about the conditions and medications to be discussed are allowed to be in the room (example: a juvenile has a peer in a staffing and as part of day to day programming the juveniles peer already knows about conditions being discussed). All others will need to be out of the room.
5. When a juvenile releases, the case manager will give any case notes (from case manager working file, if applicable) which contain medical information and all other case notes to the OS2 to be filed. Case manager and OS2 will ensure that medical information is in a different envelope than the rest of the file and labeled as such.
6. Finally, the medical envelope will be maintained with the juveniles medical records not with the case management records.

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Appendix F

Staffing Notes

PURPOSE:

The purpose of the staffing note is to document the staffing.

RESPONSIBILITIES:

The Group Leader or JSC must assure that at least a monthly progress note is included in the CONTACT NOTES section of IJOS for each juvenile

INSTRUCTIONS:

1. **Generate the form in IJOS**
 2. **Select juvenile on case load tab**
 3. **On toolbar select tools/MSword/select form**
 4. **On toolbar select word icon**

The Group Leader or JSC will access form from IJOS (as indicated above). Completed form is copied and pasted into IJOS contact note. Contact note type is “Staffing (IDJC)”.